

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

**IN RE THE GENERAL
ADJUDICATION OF RIGHTS TO
THE USE OF WATER FROM THE
COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM**

CIVIL CASE NUMBER: 49576
Ident. Number: 94-7222
Date Received: 10/11/2011
Receipt No.: N028264 B

fm

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
TERRY F. LININGER	2625 MONTGOMERY GULCH	KELLOGG	ID	USA	83837
CATHERINE LININGER	2625 MONTGOMERY GULCH	KELLOGG	ID	USA	83837

2. Date of Priority:

Date	Explanation
7/13/1982	

3. Source:

Source	Tributary	Type
MONTGOMERY CREEK	COEUR D ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	03E	27		NE	SW	SHOSHONE

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	6 ACRES

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15

7. Quantity:

Water Use	CFS	AF	KW

IRRIGATION	0.010	4.90	0.0
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Totals:

CFS	AF	KW
0.010	4.90	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	6

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	49N	03E	27	NE	SW	SHOSHONE	-	6.9

9. Basis of Claim:

Basis	WaterRight
License	94-7222

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do ___ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Catherine Loring Date: 10-11-11
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
 Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name